THERAPEUTIC APPLICATION OF CHIMERIC ANTIBODY TO HUMAN B LYMPHOCYTE RESTRICTED DIFFERENTIATION ANTIGEN FOR TREATMENT OF B CELL LYMPHOMA

By

**Darrell R. Anderson, Nabil Hanna, John E. Leonard
Roland A. Newman and Mitchell E. Reff**

37 C.F.R. §1074(d)/(e) Copyright Notice

RELATED APPLICATION

This patent document is related to United States Serial No. 07/977,691, entitled "IMPAIRED DOMINANT SELECTABLE MARKER SEQUENCE FOR ENHANCEMENT OF EXPRESSION OF CO-LINKED GENE PRODUCT AND EXPRESSION VECTOR SYSTEMS COMPRISING SAME, filed simultaneously herewith. The related patent document is incorporated herein by reference.

This document is being filed in accordance with Rule 10.
EXPRESS MAIL LABEL NO.: NB 420 513 164
DATE OF DEPOSIT: November 13, 1992

FIELD OF THE INVENTION

The references to be discussed throughout this document are set forth merely for the information described therein prior to the filing date of this document, and nothing herein is to be construed as an admission, either express or implied, that the references are "prior art" or that the inventors are not entitled to antedate such descriptions by virtue of prior inventions or priority based on earlier filed applications.

The present invention is directed to the treatment of B cell lymphoma using chimeric antibodies to the B cell surface antigen Bp35 ("CD20").

BACKGROUND OF THE INVENTION

The immune system of vertebrates (for example, primates, which include humans, apes, monkeys, etc.) consists of a number of organs and cell types which have evolved to: accurately and specifically recognize foreign microorganisms ("antigen") which invade the vertebrate-host; specifically bind to such foreign microorganisms; and, eliminate/destroy such foreign microorganisms. Lymphocytes, amongst others, are critical to the immune system. Lymphocytes are produced in the thymus, spleen and bone marrow (adult) and represent about 30% of the total white blood cells present in the circulatory system of humans (adult). There are two major sub-populations of lymphocytes: T cells and B cells. T cells are responsible for cell mediated immunity, while B cells are responsible for antibody production (humoral immunity). However, T cells and B cells can be considered as interdependent--in a typical immune response, T cells are activated when the T cell receptor binds to fragments of an antigen that are bound to major histocompatability complex

("MHC") glycoproteins on the surface of an antigen presenting cell; such activation causes release of biological mediators ("interleukins") which, in essence, stimulate B cells to differentiate and produce antibody ("immunoglobulins") against the antigen.

Each B cell within the host expresses a different antibody on its surface--thus, one B cell will express antibody specific for one antigen, while another B cell will express antibody specific for a different antigen. Accordingly, B cells are quite diverse, and this diversity is critical to the immune system. In humans, each B cell can produce an enormous number of antibody molecules (*i.e.,* about 10^7 to 10^8). Such antibody production most typically ceases (or substantially decreases) when the foreign antigen has been neutralized. Occasionally, however, proliferation of a particular B cell will continue unabated; such proliferation can result in a cancer referred to as "B cell lymphoma."

T cells and B cells both comprise cell surface proteins which can be utilized as "markers" for differentiation and identification. One such human B cell marker is the human B lymphocyte-restricted differentiation antigen Bp35, referred to as "CD20." CD20 is expressed during early pre-B cell development and remains until plasma cell differentiation. Specifically, the CD20 molecule may regulate a step in the activation process which is required for cell cycle initiation and differentiation and is usually expressed at very high levels on neoplastic ("tumor") B cells . CD20, by definition, is present on both "normal" B cells as well as "malignant" B cells, *i.e.,* those B cells whose unabated proliferation can lead to B cell lymphoma. Thus, the CD20 surface antigen has the potential of serving as a candidate for "targeting" of B cell lymphomas.

In essence, such targeting can be generalized as follows: antibodies specific to the CD20 surface antigen of B cells are, *e.g.,* injected into a patient; these anti-CD20 antibodies specifically bind to the CD20 cell surface antigen of (ostensibly) both normal and malignant B cells; the anti-CD20 antibody bound to the CD20 surface antigen may lead to the destruction and depletion of neoplastic B cells. Alternatively, chemical agents capable of destroying the tumor can be conjugated to the anti-CD20 antibody such that the agent is specifically "delivered" to, *e.g.,* the neoplastic B cells.

Previous attempts at such targeting of CD20 surface antigen have been reported. Murine (mouse) monoclonal antibody 1F5 (an anti-CD20 antibody) was reportedly administered by continuous intravenous infusion to B cell lymphoma patients. Extremely high levels (>2 grams) of such 1F5 treatment were required to deplete circulating tumor cells, and the results were described as being "transient." Press *et al.,* "Monoclonal Antibody 1F5 (Anti-CD20) Serotherapy of Human B-Cell Lymphomas." *Blood 69/2:*584-591 (1987).

A potential problem with this approach is that non-human monoclonal antibodies (*e.g.,* murine monoclonal antibodies), lack human effector functionality, *i.e.,* they are unable to, *inter alia*, mediate complement dependent lysis or lyse human target cells through antibody dependent cellular toxicity or Fc-receptor mediated phagocytosis. Furthermore, non-human monoclonal antibodies can be recognized by the human host as a foreign protein; therefore, repeated injections of such foreign antibodies can lead to the induction of immune responses leading to harmful hypersensitivity reactions. Additionally, these "foreign" antibodies can be attacked by the immune system of the host such that they are, in effect, neutralized before they reach their target site.

An attempted approach in avoiding the problems associated with murine monoclonal antibodies is the utilization of "chimeric" antibodies, *i.e.,* antibodies which comprise portions from two or more different species (*e.g.,* mouse and human). For example, Liu, A.Y. *et al.,* "Production of a Mouse-Human Chimeric Monoclonal Antibody to CD20 with Potent Fc-Dependent Biologic Activity" *J. Immun. 139/10:*3521-3526 (1987), describes a mouse/human chimeric antibody specific for CD20. *See also*, PCT Publication No. WO 88/04936. However, no information is provided as to the ability, efficacy or practicality of using such chimeric antibodies for the treatment of B-disorders in the reference.

It is noted that *in vitro* functional assays (*e.g.,* complement dependent lysis ("CDC"); antibody dependent cellular cytotoxicity ("ADCC"), etc.) cannot inherently predict the *in vivo* capability of a chimeric antibody to destroy or deplete target cells expressing the specific antigen. *See*, for example, Robinson, R.D. *et al.,* "Chimeric mouse-human anti-carcinoma antibodies that mediate different anti-tumor cell biological activities," *Hum. Antibod. Hybridomas 2*:84-93 (1991) (chimeric mouse-human antibody having undetectable ADCC activity). Therefore, the potential therapeutic efficacy of chimeric antibody can only truly be assessed by *in vivo* experimentation.

What is needed, and what would be a great advance in the art, are therapeutic approaches targeting the CD20 antigen for the treatment of B cell lymphomas in primates, including, but not limited to, humans.

SUMMARY OF THE INVENTION

Disclosed herein are therapeutic treatment methods designed for the treatment of B cell disorders and in particular, B cell lymphomas. These protocols are based upon the administration of immunologically active chimeric anti-CD20 antibodies for the depletion of peripheral blood B cells, including B cells associated with lymphoma.

BRIEF DESCRIPTION OF THE DRAWINGS

Figure 1 is a diagrammatic representation of a tandem chimeric antibody expression vector useful in the production of immunologically active chimeric anti-CD20 antibodies ("TCAE 8");

Figure 2 is the nucleic acid sequence of the vector of Figure 1;

Figure 3 is the nucleic acid sequence of the vector of Figure 1 further comprising murine light and heavy chain variable regions ("anti-CD20 in TCAE 8");

Figure 4 is the nucleic acid and amino acid sequences (including CDR and framework regions) of murine variable region light chain derived from murine anti-CD20 monoclonal antibody 2B8;

Figure 5 is the nucleic acid and amino acid sequences (including CDR and framework regions) of murine variable region heavy chain derived from murine anti-CD20 monoclonal antibody 2B8;

Figure 6 are flow cytometry results evidencing binding of fluorescent-labeled human C1q to chimeric anti-CD20 antibody, including, as controls labeled C1q; labeled C1q and murine anti-CD20 monoclonal antibody 2B8; and labeled C1q and human IgGl,k;

Figure 7 represents the results of complement related lysis comparing chimeric anti-CD20 antibody and murine anti-CD20 monoclonal antibody 2B8;

Figure 8 represents the results of antibody mediated cellular cytotoxicity with *in vivo* human effector cells comparing chimeric anti-CD20 antibody and 2B8;

Figure 9A, B and C provide the results of non-human primate peripheral blood B lymphocyte depletion after infusion of 0.4 mg/kg (A); 1.6 mg/kg (B); and 6.4 mg/kg (C) of immunologically active chimeric anti-CD20 antibody; and

Figure 10 provides the results of, *inter alia*, non-human primate peripheral blood B lymphocyte depletion after infusion of 0.01 mg/kg of immunologically active chimeric anti-CD20 antibody.

DETAILED DESCRIPTION OF PREFERRED EMBODIMENTS

Serotherapy of human B cell lymphomas using an anti-CD20 murine monoclonal antibody (1F5) has been described by Press *et al.*, (69 *Blood* 584, 1987, *supra*); the reported therapeutic responses, unfortunately, were transient. Additionally, 25% of the tested patients reportedly developed a human anti-mouse antibody (HAMA) response to the serotherapy. Press *et al.*, suggest that these antibodies, conjugated to toxins or radioisotopes, might afford a more lasting clinical benefit than the unconjugated antibody.

Owing to the debilitating effects of B cell lymphoma and the very real need to provide viable treatment approaches to this disease, we have embarked upon an entirely different approach to solving the problem than the approach attempted by Press *et al*. This approach specifically avoids the need for antibodies conjugated to toxins or radioisotopes (which can often impact negatively upon normal tissues), as well as the possibility of a HAMA response; furthermore, our approach advantageously exploits the ability of mammalian systems to readily and efficiently recover peripheral blood B cells; because of this ability, our approach seeks to, in essence, purge or deplete B cells in peripheral blood and lymphatic tissue as a means of also removing B cell lymphomas.

Our therapeutic approach is predicated upon chimeric anti-CD20 antibodies which are immunologically active. As used herein, the term "anti-CD20 antibody" is an antibody which specifically recognizes a cell surface non-glycosylated phosphoprotein of 35,000 Daltons, typically designated as the human B lymphocyte restricted differentiation antigen Bp35, commonly referred to as CD20. As used herein, the term "chimeric" when used in reference to anti-CD20 antibodies,

encompasses antibodies which are most preferably derived using recombinant deoxyribonucleic acid techniques and which comprise both human and non-human components; the constant region of the chimeric antibody is most preferably substantially identical to the constant region of a natural human antibody; the variable region of the chimeric antibody is most preferably derived from a non-human source and has the desired antigenic and specificity to the CD20 cell surface antigen. The non-human source can be any vertebrate source which can be used to generate antibodies to a human CD20 cell surface antigen or material comprising a human CD20 cell surface antigen. Such non-human source includes, but is not limited to, rodents (*e.g.*, rabbit, rat, mouse, etc.) and non-human primates (*e.g.*, monkey, ape, etc.). Most preferably, the non-human component (variable region) is derived from a murine (mouse) source. As used herein, the phrase "immunologically active" when used in reference to chimeric anti-CD20 antibodies, means a chimeric antibody which binds human C1q, mediates complement dependent lysis (CDC) of human B lymphoid cell lines, and lyses human target cells through antibody dependent cellular cytotoxicity (ADCC).

Generally, antibodies are composed of two light chains and two heavy chain molecules; these chains form a general "Y" shape, with both light and heavy chains forming the arms of the Y and the heavy chains forming the base of the Y. Light and heavy chains are divided into domains of structural and functional homology. The variable domains of both the light ("V_L") and the heavy ("V_H") chains determine recognition and specificity . The constant region domains of light ("C_L") and heavy

("C_H") chains confer important biological properties, *e.g.,* antibody chain association, secretion, transplacental mobility, Fc receptor binding complement binding, etc.

The series of events leading to immunoglobulin gene expression in the antibody producing cells are complex. The variable domain region gene sequences are located in separate germ line gene segments referred to as "V_H," "D," and "J_H," or "V_L" and "J_L." These gene segments are joined by DNA rearrangements to form the complete V regions expressed in heavy and light chains, respectively. The rearranged, joined V segments (V_L-J_L and V_H-D-J_H) then encode the complete variable regions or antigen binding domains of light and heavy chains, respectively.

Chimeric mouse/human antibodies have been described. *See,* for example, Morrison, S.L. *et al., PNAS 11*:6851-6854 (November 1984); European Patent Publication No. 173494; Boulianne, G.L. *et al., Nature 312*:643 (December 1984); Neubeiger, M.S. *et al., Nature 314*:268 (March 1985); European Patent Publication No. 125023; Tan *et al., J. Immunol. 135*:8564 (November 1985); Sun, L.K. *et al., Hybridoma 5/1*:517 (1986); Sahagan *et al., J. Immunol. 137*:1066-1074 (1986). *See generally,* Muron, *Nature 312*:597 (December 1984); Dickson, *Genetic Engineering News 5/3* (March 1985); Marx, *Science 229* 455 (August 1985); and Morrison *Science 229*:1202-1207 (September 1985).

Robinson *et al.,* in PCT Publication Number WO 88/04936 describe a chimeric antibody with human constant region and murine variable region, having specificity to an epitope of CD20; the murine portion of the chimeric antibody of the Robinson references is derived from the 2H7 mouse monoclonal antibody (gamma 2b, kappa). While the reference notes that the described chimeric antibody is a "prime candidate" for the treatment of B cell disorders, this statement can be viewed as no

more than a suggestion to those in the art to determine whether or not this suggestion is accurate, particularly because the reference lacks any data to support an assertion of therapeutic effectiveness, and in particular, data using higher order ~~mammals such as primates or humans.~~

The therapeutic approaches disclosed herein are based upon the ability of the immune system of primates to rapidly recover, or rejuvenate, peripheral blood B cells. Additionally, because the principal immune response of primates is occasioned by T cells, when the immune system has a peripheral blood B cell deficiency, the need for "extraordinary" precautions (*i.e.,* patient isolation, etc.) is not necessary. As a result of these and other nuances of the immune systems of primates, our therapeutic approach to B cell disorders allows for the purging of peripheral blood B cells using immunologically active chimeric anti-CD20 antibodies.

Because peripheral blood B cell disorders, by definition, indicate the necessity of access to the blood for treatment, the route of administration of the immunologically active chimeric anti-CD20 antibodies is preferably parenteral; as used herein, the term parenteral includes intravenous, intramuscular, subcutaneous, rectal, vaginal or intraperitoneal administration. Of these, intravenous administration is most preferred.

The specific, therapeutically effective amount of immunologically active chimeric anti-CD20 antibodies useful to produce a unique therapeutic effect in any given patient can be determined by standard techniques well known to those of ordinary skill in the art. The immunologically active chimeric anti-CD20 antibodies will typically be provided by standard technique within a pharmaceutically acceptable

buffer, for example, sterile saline, sterile buffered water, propylene glycol, combinations of the foregoing, etc. Methods for preparing parenteraly administerable agents are described in *Pharmaceutical Carriers & Formulations*, Martin, Remington's Pharmaceutical Sciences, 15th Ed. (Mack Pub. Co., Easton, PA 1975), which is incorporated herein by reference.

Effective dosages of the immunologically active chimeric anti-CD20 antibodies range from about 0.001 to about 30 mg/kg body weight, more preferably from about 0.01 to about 25 mg/kg body weight, and most preferably from about 0.4 to about 20.0 mg/kg body weight. Other dosages are viable; factors influencing dosage include, but are not limited to, the severity of the disease; previous treatment approaches; overall health of the patient; other diseases present, etc. The skilled artisan is readily credited with assessing a particular patient and determining a suitable dosage that falls within the ranges, or if necessary, outside of the ranges.

Introduction of the immunologically active chimeric anti-CD20 antibodies in these dose ranges is most preferably carried out over a series of treatments; this most preferred approach is predicated upon the treatment methodology associated with this disease. Because the immunologically active chimeric anti-CD20 antibodies are both immunologically active and bind to CD20, upon initial introduction of the immunologically active chimeric anti-CD20 antibodies to the individual, peripheral blood B cell depletion will begin; we have observed a nearly complete depletion within about 24 hours post treatment infusion. Because of this, subsequent introduction(s) of the immunologically active chimeric anti-CD20 antibodies to the patient is presumed to: a) clear remaining peripheral blood B cells; b) begin B cell depletion from lymph nodes; c) begin B cell depletion from other tissue sources, *e.g.*, bone marrow, tumor, etc. Stated again, by using repeated introductions of the

immunologically active chimeric anti-CD20 antibodies, a series of events take place, each event being viewed by us as important to effective treatment of the disease. The first "event" then, can be viewed as principally directed to substantially depleting the patient's peripheral blood B cells; the subsequent "events" can be viewed as either principally directed to simultaneously or serially clearing remaining B cells from the system clearing lymph node B cells, or clearing other tissue B cells.

In effect, while a single dosage provides benefits and can be effectively utilized for disease treatment/management, we prefer that the treatment course occur over several stages; most preferably, between about 0.4 and about 20 mg/kg body weight of the immunologically active chimeric anti-CD20 antibodies is introduced to the patient once a week for between about 2 to 10 weeks, most preferably for about 4 weeks.

Methodologies for generating chimeric antibodies are available to those in the art. For example, the light and heavy chains can be expressed separately, using, for example, immunoglobulin light chain and immunoglobulin heavy chains in separate plasmids. These can then be purified and assembled *in vitro* into complete antibodies; methodologies for accomplishing such assembly have been described. *See*, for example, Scharff, M., *Harvey Lectures 69*:125 (1974). *In vitro* reaction parameters for the formation of IgG antibodies from reduced isolated light and heavy chains have also been described. *See*, for example, Beychok, S., *Cells of Immunoglobulin Synthesis*, Academic Press, New York, p. 69, 1979. Co-expression of light and heavy chains in the same cells to achieve intracellular association and linkage of heavy and light chains into complete H_2L_2 IgG antibodies is also possible.

Such co-expression can be accomplished using either the same or different plasmids in the same host cell.

Another approach, and one which is our most preferred approach for developing a chimeric non-human/human anti-CD20 antibody, is based upon utilization of an expression vector which includes, *ab initio*, DNA encoding heavy and light chain constant regions from a human source. Such a vector allows for inserting DNA encoding non-human variable region such that a variety of non-human anti-CD20 antibodies can be generated, screened and analyzed for various characteristics (*e.g.*, type of binding specificity, epitope binding regions, etc.); thereafter, cDNA encoding the light and heavy chain variable regions from a preferred or desired anti-CD20 antibody can be incorporated into the vector. We refer to these types of vectors as Tandem Chimeric Antibody Expression ("TCAE") vectors. A most preferred TCAE vector which was used to generate immunologically active chimeric anti-CD20 antibodies for therapeutic treatment of lymphomas is TCAE 8. TCAE 8 is a derivative of a vector owned by the assignee of this patent document, referred to as TCAE 5.2 the difference being that in TCAE 5.2, the translation initiation start site of the dominant selectable marker (neomycin phosphostransferase, "NEO") is a consensus Kozak sequence, while for TCAE 8, this region is a partially impaired consensus Kozak sequence. Details regarding the impact of the initiation start site of the dominant selectable marker of the TCAE vectors (also referred to as "ANEX vector") vis-a-vis protein expression are disclosed in detail in the co-pending application filed herewith.

TCAE 8 comprises four (4) transcriptional cassettes, and these are in tandem order, *i.e.*, a human immunoglobulin light chain absent a variable region; a human immunoglobulin heavy chain absent a variable region; DHFR; and NEO. Each

transcriptional cassette contains its own eukaryotic promoter and polyadenylation region (reference is made to Figure 1 which is a diagrammatic representation of the TCAE 8 vector). Specifically:

1) the CMV promoter/enhancer in front of the immunoglobulin heavy chain is a truncated version of the promoter/enhancer in front of the light chain, from the Nhe I site at -350 to the Sst I site at -16 (*see*, 41 *Cell* 521, 1985).

2) a human immunoglobulin light chain constant region was derived via amplification of cDNA by a PCR reaction. In TCAE 8, this was the human immunoglobulin light chain kappa constant region (Kabat numbering, amino acids 108-214, allotype Km 3, (*see*, Kabat, E.A. "Sequences of proteins of immunological interest," NIH Publication, Fifth Ed. No. 91-3242, 1991)), and the human immunoglobulin heavy chain gamma 1 constant region (Kabat numbering amino acids 114-478, allotype Gmla, Gmlz). The light chain was isolated from normal human blood (IDEC Pharmaceuticals Corporation, La Jolla, CA); RNA therefrom was used to synthesize cDNA which was then amplified using PCR techniques (primers were derived vis-a-vis the consensus from Kabat). The heavy chain was isolated (using PCR techniques) from cDNA prepared from RNA which was in turn derived from cells transfected with a human IgG1 vector (*see*, 3 *Prot. Eng.* 531, 1990; vector $pN_{\gamma 1}62$). Two amino acids were changed in the isolated human IgG1 to match the consensus amino acid sequence from Kabat, to wit: amino acid 225 was changed from valine to alanine (GTT to GCA), and amino acid 287 was changed from methionine to lysine (ATG to AAG);

3) The human immunoglobulin light and heavy chain cassettes contain synthetic signal sequences for secretion of the immunoglobulin chains;

4) The human immunoglobulin light and heavy chain cassettes contain specific DNA restriction sites which allow for insertion of light and heavy immunoglobulin variable regions which maintain the transitional reading frame and do not alter the amino acids normally found in immunoglobulin chains;

5) The DHFR cassette contained its own eukaryotic promoter (mouse beta globin major promoter, "BETA") and polyadenylation region (bovine growth hormone polyadenylation, "BGH"); and

6) The NEO cassette contained its own eukaryotic promoter (BETA) and polyadenylation region (SV40 early polyadenylation, "SV").

With respect to the TCAE 8 vector and the NEO cassette, the Kozak region was a partially impaired consensus Kozak sequence (which included an upstream Cla I site):

```
                ClaI     -3       +1
GGGAGCTTGG ATCGAT ccTct ATG Gtt
```

(In the TCAE 5.2 vector, the change is between the ClaI and ATG regions, to wit: ccAcc.)

The complete sequence listing of TCAE 8 (including the specific components of the four transcriptional cassettes) is set forth in Figure 2 (SEQ. ID. NO. 1).

As will be appreciated by those in the art, the TCAE vectors beneficially allow for substantially reducing the time in generating the immunologically active chimeric anti-CD20 antibodies. Generation and isolation of non-human light and heavy

chain variable regions, followed by incorporation thereof within the human light chain constant transcriptional cassette and human heavy chain constant transcriptional cassette, allows for production of immunologically active chimeric anti-CD20 antibodies.

We have derived a most preferred non-human variable region with specificity to the CD20 antigen using a murine source and hybridoma technology. Using polymerase chain reaction ("PCR") techniques, the murine light and heavy variable regions were cloned directly into the TCAE 8 vector--this is the most preferred route for incorporation of the non-human variable region into the TCAE vector. This preference is principally predicated upon the efficiency of the PCR reaction and the accuracy of insertion. However, other equivalent procedures for accomplishing this task are available. For example, using TCAE 8 (or an equivalent vector), the sequence of the variable region of a non-human anti-CD20 antibody can be obtained, followed by oligonucleotide synthesis of portions of the sequence or, if appropriate, the entire sequence; thereafter, the portions or the entire synthetic sequence can be inserted into the appropriate locations within the vector. Those skilled in the art are credited with the ability to accomplish this task.

Our most preferred immunologically active chimeric anti-CD20 antibodies were derived from utilization of TCAE 8 vector which included murine variable regions derived from monoclonal antibody to CD20; this antibody (to be discussed in detail, *infra*), is referred to as "2B8." The complete sequence of the variable regions obtained from 2B8 in TCAE 8 ("anti-CD20 in TCAE 8") is set forth in Figure 3 (SEQ. ID. NO. 2).

The host cell line utilized for protein expression is most preferably of mammalian origin; those skilled in the art are credited with ability to preferentially determine particular host cell lines which are best suited for the desired gene product to be expressed therein. Exemplary host cell lines include, but are not limited to, DG44 and DUXBll (Chinese Hamster Ovary lines, DHFR minus), HELA (human cervical carcinoma), CVI (monkey kidney line), COS (a derivative of CVI with SV40 T antigen), R1610 (Chinese hamster fibroblast) BALBC/3T3 (mouse fibroblast), HAK (hamster kidney line), SP2/O (mouse myeloma), P3x63-Ag3.653 (mouse myeloma), BFA-lclBPT (bovine endothelial cells), RAJI (human lymphocyte) and 293 (human kidney). Host cell lines are typically available from commercial services, the American Tissue Culture Collection or from published literature.

Preferably the host cell line is either DG44 ("CHO") or SP2/O. *See* Urland, G. *et al.*, "Effect of gamma rays and the dihydrofolate reductase locus: deletions and inversions." *Som. Cell & Mol. Gen. 12/6*:555-566 (1986), and Shulman, M. *et al.*, "A better cell line for making hybridomas secreting specific antibodies." *Nature 276*:269 (1978), respectively. Most preferably, the host cell line is DG44. Transfection of the plasmid into the host cell can be accomplished by any technique available to those in the art. These include, but are not limited to, transfection (including electrophoresis and electroporation), cell fusion with enveloped DNA, microinjection, and infection with intact virus. *See,* Ridgway, A.A.G. "Mammalian Expression Vectors." Chapter 24.2, pp. 470-472 *Vectors*, Rodriguez and Denhardt, Eds. (Butterworths, Boston, MA 1988). Most preferably, plasmid introduction into the host is via electroporation.

EXAMPLES

The following examples are not intended, nor are they to be construed, as limiting the invention; the examples are intended to evidence therapeutic utility of a specific immunologically active chimeric anti-CD20 antibody derived utilizing a specific vector (TCAE 8) and variable regions derived from murine anti-CD20 monoclonal antibody (2B8). It is to be understood that while the specific chimeric anti-CD20 antibody derived using a specific vector and a specific murine monoclonal antibody evidenced the most preferred aspects of the therapeutic material used in the treatment of B cell lymphoma, other immunologically active chimeric anti-CD20 antibodies are equally applicable to the therapeutic protocol disclosed and claimed herein.

I. CHIMERIC ANTI-CD20 ANTIBODY PRODUCTION

A. *Anti-CD20 Monoclonal Antibody (Murine) Production ("2B8")*

BALB/C mice were repeatedly immunized with the human lymphoblastoid cell line SB (*see,* Adams, R.A. *et al.,* "Direct implantation and serial transplantation of human acute lymphoblastic leukemia in hamsters, SB-2." *Can Res 28*:1121-1125 (1968); this cell line is available from the American Tissue Culture Collection, Rockville, MD., under ATCC accession number ATCC CCL 120), with weekly injections over a period of 3-4 months. Mice evidencing high serum titers of anti-CD20 antibodies, as determined by inhibition of known CD20-specific antibodies (anti-CD20 antibodies utilized were Leu 16, Beckton Dickinson, San Jose, CA, Cat. No. 7670; and B1, Coulter Corp., Hialeah, FL, Cat. No. 6602201), were identified; the spleens of such mice were then removed. Spleen cells were fused with the mouse

myeloma SP2/0 in accordance with the protocol described in Einfeld, D.A. *et al.*, (1988) *EMBO* 7:711 (SP2/0 has ATCC accession no. ATCC CRL 8006).

Assays for CD20 specificity were accomplished by radioimmunoassay. Briefly, purified anti-CD20 Bl was radiolabeled with I^{125} by the iodobead method as described in Valentine, M.A. *et al.*, (1989) *J. Biol. Chem. 264*:11282. (I^{125} Sodium Iodide, ICN, Irvine, CA, Cat. No. 28665H). Hybridomas were screened by co-incubation of 0.05 ml of media from each of the fusion wells together with 0.05 ml of I^{125} labeled anti-CD20 Bl (10 ng) in 1% BSA, PBS (pH 7.4), and 0.5 ml of the same buffer containing 100,000 SB cells. After incubation for 1 hr. at room temperature, the cells were harvested by transferring to 96 well titer plates (V&P Scientific, San Diego, CA), and washed thoroughly. Duplicate wells containing unlabeled anti-CD20 Bl and wells containing no inhibiting antibody were used as positive and negative controls, respectively. Wells containing greater than 50% inhibition were expanded and cloned. The antibody demonstrating the highest inhibition was derived from the cloned cell line designated herein as "2B8."

B. *Construction of Chimeric Anti-CD20 Immunoglobulin DNA Expression Vector*

RNA was isolated from the 2B8 mouse hybridoma cell (as described in Chomczynki, P. *et al.*, "Single step method of RNA isolation by acid guanidinium thiocyanate-phenol-chloroform extraction." *Anal. Biochem. 162*:156-159 (1987)). and cDNA was prepared therefrom. The mouse immunoglobulin light chain variable region DNA was isolated from the cDNA by polymerase chain reaction using a set of DNA primers with homology to mouse light chain signal sequences at the 5' end and mouse light chain J region at the 3' end. Primer sequences were as follows:

1. V_L Sense (SEQ. ID. NO. 3)

5' ATC AC AGATCT CTC ACC ATG GAT TTT CAG GTG CAG

ATT ATC AGC TTC 3'

(The underlined portion is a Bgl II site; the above-lined portion is the start codon.)

2. V_L Antisense (SEQ. ID. NO. 4)

5' TGC AGC ATC CGTACG TTT GAT TTC CAG CTT 3'

(The underlined portion is a Bsi WI site.)

See, Figures 1 and 2 for the corresponding Bgl II and Bsi WI sites in TCAE 8, and Figure 3 for the corresponding sites in anti-CD20 in TCAE 8.

These resulting DNA fragment was cloned directly into the TCAE 8 vector in front of the human kappa light chain constant domain and sequenced. The determined DNA sequence for the murine variable region light chain is set forth in Figure 4 (SEQ. ID. NO. 5); *see also* Figure 3 nucleotides 978 through 1362. Figure 4 further provides the amino acid sequence from this murine variable region, and the CDR and framework regions. The mouse light chain variable region from 2B8 is in the mouse kappa VI family. *See,* Kabat, *supra*.

The mouse heavy chain variable region was similarly isolated and cloned in front of the human IgGl constant domains. Primers were as follows:

1. V_H Sense (SEQ. ID. NO. 6)

5' GCG GCT CCC ACGCGT GTC CTG TCC CAG 3'

(The underlined portion is an Mlu I site.)

2. V_H Antisense (SEQ. ID. NO. 7)

5' GG(G/C) TGT TGT GCTAGC TG(A/C) (A/G)GA GAC (G/A)GT GA 3'

(The underlined portion is an Nhe I site.)

See, Figures 1 and 2 for corresponding Mlu I and Nhe I sites in TCAE 8, and Figure 3 for corresponding sites in anti-CD20 in TCAE 8.

The sequence for this mouse heavy chain is set forth in Figure 5 (SEQ. ID. NO. 8); *see also* Figure 3, nucleotide 2401 through 2820. Figure 5 also provides the amino acid sequence from this murine variable region, and the CDR and framework regions. The mouse heavy chain variable region from 2B8 is in the mouse VH 2B family. *See*, Kabat, *supra*.

C. *Creation of Chimeric Anti-CD20 Producing CHO and SP2/0 Transfectomas*

Chinese hamster ovary ("CHO") cells DG44 were grown in SSFM II minus hypoxanthine and thymidine media (Gibco, Grand Island, NY, Form No. 91-0456PK); SP2/0 mouse myeloma cells were grown in Dulbecco's Modified Eagles Medium media ("DMEM") (Irvine Scientific, Santa Ana, Ca., Cat. No. 9024) with 5% fetal bovine serum and 20 ml/L glutamine added. Four million cells were electroporated with either 25 μg CHO or 50 μg SP2/0 plasmid DNA that had been restricted with Not I using a BTX 600 electroporation system (BTX, San Diego, CA) in 0.4 ml disposable cuvettes. Conditions were either 210 volts for CHO or 180 volts for SP2/0, 400 microfaradays, 13 ohms. Each electroporation was plated into six 96 well dishes (about 7,000 cells/well). Dishes were fed with media containing G418 (GENETICIN, Gibco, Cat. No. 860-1811) at 400 μg/ml active compound for CHO (media further included 50 μM hypoxanthine and 8 μM thymidine) or 800 μg/ml for

SP2/0, two days following electroporation and thereafter 2 or 3 days until colonies arose. Supernatant from colonies was assayed for the presence of chimeric immunoglobulin via an ELISA specific for human antibody. Colonies producing the highest amount of immunoglobulin were expanded and plated into 96 well plates containing media plus methotrexate (25 nM for SP2/0 and 5nM for CHO) and fed every two or three days. Supernatants were assayed as above and colonies producing the highest amount of immunoglobulin were examined. Chimeric anti-CD20 antibody was purified from supernatant using protein A affinity chromatography.

Purified chimeric anti-CD20 was analyzed by electrophoresis in polyacrylamide gels and estimated to be greater than about 95% pure. Affinity and specificity of the chimeric antibody was determined based upon 2B8. Chimeric anti-CD20 antibody tested in direct and competitive binding assays, when compared to murine anti-CD20 monoclonal antibody 2B8, evidenced comparable affinity and specificity on a number of CD20 positive B cells lines (data not presented). The apparent affinity constant ("Kap") of the chimeric antibody was determined by direct binding of I^{125} radiolabeled chimeric anti-CD20 and compared to radiolabeled 2B8 by Scatchard plot; estimated Kap for CHO produced chimeric anti-CD20 was 5.2×10^{-9} M and for SP2/0 produced antibody, 7.4×10^{-9}M. The estimated Kap for 2B8 was 3.5×10^{-9} M. Direct competition by radioimmunoassay was utilized to confirm both the specificity and retention of immunoreactivity of the chimeric antibody by comparing its ability to effectively compete with 2B8. Substantially equivalent amounts of chimeric anti-CD20 and 2B8 antibodies were required to produce 50% inhibition of binding to CD20 antigens on B cells (data not presented), *i.e.,* there was a minimal loss of inhibiting activity of the anti-CD20 antibodies, presumably due to chimerization.

The results of Example I indicate, *inter alia*, that chimeric anti-CD20 antibodies were generated from CHO and SP2/0 transfectomas using the TCAE 8 vectors, and these chimeric antibodies had substantially the same specificity and binding capability as murine anti-CD20 monoclonal antibody 2B8.

II. DETERMINATION OF IMMUNOLOGICAL ACTIVITY OF CHIMERIC ANTI-CD20 ANTIBODIES

A. *Human C1q Analysis*

Chimeric anti-CD20 antibodies produced by both CHO and SP2/0 cell lines were evaluated for human C1q binding in a flow cytometry assay using fluorescein labeled C1q (C1q was obtained from Quidel, Mira Mesa, CA, Prod. No. A400 and FITC label from Sigma, St. Louis MO, Prod. No. F-7250; FITC. Labeling of C1q was accomplished in accordance with the protocol described in *Selected Methods In Cellular Immunology*, Michell & Shiigi, Ed. (W.H. Freeman & Co., San Francisco, CA, 1980, p. 292). Analytical results were derived using a Becton Dickinson FACScan™ flow cytometer (fluorescein measured over a range of 515-545 nm). Equivalent amounts of chimeric anti-CD20 antibody, human IgG1,K myeloma protein (Binding Site, San Diego, Ca, Prod. No. BP078), and 2B8 were incubated with an equivalent number of CD20-positive SB cells, followed by a wash step with FACS buffer (.2% BSA in PBS, pH 7.4, .02% sodium azide) to remove unattached antibody, followed by incubation with FITC labeled C1q. Following a 30-60 min. incubation, cells were again washed. The three conditions, including FITC-labeled C1q as a control, were analyzed on the FACScan™ following manufacturing instructions. Results are presented in Figure 6.

As the results of Figure 6 evidence, a significant increase in fluorescence was observed only for the chimeric anti-CD20 antibody condition; *i.e.,* only SB cells with

adherent chimeric anti-CD20 antibody were C1q positive, while the other conditions produced the same pattern as the control.

B. *Complement Dependent Cell Lyses*

Chimeric anti-CD20 antibodies were analyzed for their ability to lyse lymphoma cell lines in the presence of human serum (complement source). CD20 positive SB cells were labeled with ^{51}Cr by admixing 100μ Ci of ^{51}Cr with $1x10^6$ SB cells for 1 hr. at 37° C; labeled SB cells were then incubated in the presence of equivalent amounts of human complement and equivalent amounts (0-50 μg/ml) of either chimeric anti-CD20 antibodies or 2B8 for 4 hr. at 37° C (*see*, Brunner, K.T. *et al.*, "Quantitative assay of the lytic action of immune lymphoid cells on ^{51}Cr-labeled allogeneic target cells *in vitro*." *Immunology 14*:181-189 (1968). Results are presented in Figure 7.

The results of Figure 7 indicate, *inter alia*, that chimeric anti-CD20 antibodies produced significant lysis (49%) under these conditions.

C. *Antibody Dependent Cellular Cytotoxicity Effector Assay*

For this study, CD20 positive cells (SB) and CD20 negative cells (T cell leukemia line HSB; *see*, Adams, Richard, "Formal Discussion," *Can. Res. 27*:2479-2482 (1967); ATCC deposit no. ATCC CCL 120.1) were utilized; both were labeled with ^{51}Cr. Analysis was conducted following the protocol described in Brunner, K.T. *et al.*, "Quantitative assay of the lytic action of immune lymphoid cells on ^{51}Cr-labeled allogeneic target cells *in vitro*; inhibition by isoantibody and drugs." *Immunology 14*:181-189 (1968); a substantial chimeric anti-CD20 antibody dependent cell mediated lysis of CD20 positive SB target cells (^{51}Cr-labeled) at the end of a 4 hr., 37° C incubation, was observed and this effect was observed for both

CHO and SP2/0 produced antibody (effector cells were human peripheral lymphocytes; ratio of effector cells:target was 100:1). Efficient lysis of target cells was obtained at 3.9 μg/ml. In contrast, under the same conditions, the murine anti-CD20 monoclonal antibody 2B8 had a statistically insignificant effect, and CD20 negative HSB cells were not lysed. Results are presented in Figure 8.

The results of Example II indicate, *inter alia*, that the chimeric anti-CD20 antibodies of Example I were immunologically active.

III. DEPLETION OF B CELLS *IN VIVO*

A. *Non-Human Primate Study*

Three separate non-human primate studies were conducted. For convenience, these are referred to herein as "Chimeric Anti-CD20: CHO & SP2/0;" "Chimeric Anti-CD20: CHO;" and "High Dosage Chimeric Anti-CD20." Conditions were as follows:

1) Chimeric Anti-CD20: CHO & SP2/0

Six cynomolgus monkeys ranging in weight from 4.5 to 7 kilograms (White Sands Research Center, Alamogordo, NM) were divided into three groups of two monkeys each. Both animals of each group received the same dose of immunologically active chimeric anti-CD20 antibody. One animal in each group received purified antibody produced by the CHO transfectoma; the other received antibody produced by the SP2/0 transfectoma. The three groups received antibody dosages corresponding to 0.1 mg/kg, 0.4 mg/kg, and 1.6 mg/kg each day for four (4) consecutive days. The chimeric immunologically active anti-CD20 antibody, which was admixed with sterile saline, was administered by intravenous infusion; blood samples were drawn

prior to each infusion. Additional blood samples were drawn beginning 24 hr. after the last injection (T=O) and thereafter on days 1, 3, 7, 14 and 28; blood samples were also taken thereafter at biweekly intervals until completion of the study at day 90.

Approximately 5 ml of whole blood from each animal was centrifuged at 2000 RPM for 5 min. Plasma was removed for assay of soluble chimeric anti-CD20 antibody levels. The pellet (containing peripheral blood leukocytes and red blood cells) was resuspended in fetal calf serum for fluorescent-labeled antibody analysis (*see,* "Fluorescent Antibody Labeling of Lymphoid Cell Population," *infra.*).

2) Chimeric Anti-CD20: CHO

Six cynomolgus monkeys ranging in weight from 4 to 6 kilograms (White Sands) were divided into three groups of two monkeys each. All animals were injected with immunologically active chimeric anti-CD20 antibodies produced from the CHO transfectoma (in sterile saline). The three groups were separated as follows: subgroup 1 received daily intravenous injections of 0.01 mg/kg of the antibody over a four (4) day period; subgroup 2 received daily intravenous injections of 0.4 mg/kg of the antibody over a four (4) day period; subgroup 3 received a single intravenous injection of 6.4 mg/kg of the antibody. For all three subgroups, a blood sample was obtained prior to initiation of treatment; additionally, blood samples were also drawn at T=0, 1, 3, 7, 14 and 28 days following the last injection, as described above, and these samples were processed for fluorescent labeled antibody analysis (*see,* "Fluorescent Antibody Labeling," *infra.*). In addition to peripheral blood B cell quantitation, lymph node biopsies were taken at days 7, 14 and 28 following the last injection, and a single cell preparation stained for quantitation of lymphocyte populations by flow cytometry.

3) High Dosage Chimeric Anti-CD20

Two cynomolgus monkeys (White Sands) were infused with 16.8 mg/kg of the immunologically active chimeric anti-CD20 antibodies from the CHO transfectomas (in sterile saline) weekly over a period of four consecutive weeks. At the conclusion of the treatment, both animals were anesthetized for removal of bone marrow; lymph node biopsies were also taken. Both sets of tissue were stained for the presence of B lymphocytes using Leu 16 by flow cytometry following the protocol described in Ling, N.R. *et al.,* "B-cell and plasma cell antigens." *Leucocyte Typing III White Cell Differentiations Antigens*, A.J. McMichael, Ed. (Oxford University Press, Oxford UK, 1987), p. 302.

4) Fluorescent Antibody Labeling of Lymphoid Cell Population

After removal of plasma, leukocytes were washed twice with Hanks Balanced Salt Solution ("HBSS") and resuspended in a plasma equivalent volume of fetal bovine serum (heat inactivated at 56° C for 30 min.). A 0.1 ml volume of the cell preparation was distributed to each of six (6), 15 ml conical centrifuge tubes Fluorescein labeled monoclonal antibodies with specificity for the human lymphocyte surface markers CD2 (AMAC, Westbrook, ME), CD20 (Becton Dickinson) and human IgM (Binding Site, San Diego, CA) were added to 3 of the tubes for identifying T and B lymphocyte populations. All reagents had previously tested positive to the corresponding monkey lymphocyte antigens. Chimeric anti-CD20 antibody bound to monkey B cell surface CD20 was measured in the fourth tube using polyclonal goat anti-human IgG coupled with phycoerythrin (AMAC). This reagent was pre-adsorbed on a monkey Ig-sepharose column to prevent cross-reactivity to monkey Ig, thus allowing specific detection and quantitation of chimeric anti-CD20 antibody bound to cells. A fifth tube included both anti-IgM and anti-human IgG reagents for double stained B-cell population. A sixth sample was

included with no reagents for determination of autofluorescence. Cells were incubated with fluorescent antibodies for 30 min., washed and fixed with 0.5 ml of fixation buffer (0.15 M NaCl, 1% paraformaldehyde, pH7.4) and analyzed on a Becton Dickinson FACScan™ instrument. Lymphocyte populations were initially identified by forward versus right angle light scatter in a dot-plot bitmap with unlabeled leucocytes. The total lymphocyte population was then isolated by gating out all other events. Subsequent fluorescence measurements reflected only gated lymphocyte specific events.

5) Depletion of Peripheral Blood B Lymphocytes

No observable difference could be ascertained between the efficacy of CHO and SP2/0 produced antibodies in depleting B cells *in vivo*, although a slight increase in B cell recovery beginning after day 7 for monkeys injected with chimeric anti-CD20 antibodies derived from CHO transfectomas at dosage levels 1.6 mg/kg and 6.4 mg/kg was observed and for the monkey injected with SP2/0 producing antibody at the 0.4 mg/kg dose level. Figure 9A, B and C provides the results derived from the chimeric anti-CD20:CHO & SP2/0 study, with Figure 9A directed to the 0.4 mg/kg dose level; Figure 9B directed to the 1.6 mg/kg dose level; and Figure 9C directed to the 6.4 mg/kg dose level.

As is evident from Figure 9, there was a dramatic decrease (>95%) in peripheral B cell levels after the therapeutic treatment across all tested dose ranges, and these levels were maintained up to seven (7) days post infusion; after this period, B cell recovery began, and, the time of recovery initiation was independent of dosage levels.

In the Chimeric Anti-CD20:CHO study, a 10-fold lower antibody dosage concentration (0.01 mg/kg) over a period of four daily injections (0.04 mg/kg total) was utilized. Figure 10 provides the results of this study. This dosage depleted the peripheral blood B cell population to approximately 50% of normal levels estimated with either the anti-surface IgM or the Leu 16 antibody. The results also indicate that saturation of the CD20 antigen on the B lymphocyte population was not achieved with immunologically active chimeric anti-CD20 antibody at this dose concentration over this period of time for non-human primates; B lymphocytes coated with the antibody were detected in the blood samples during the initial three days following therapeutic treatment. However, by day 7, antibody coated cells were undetectable.

Table I summarizes the results of single and multiple doses of immunologically active chimeric anti-CD20 antibody on the peripheral blood populations; single dose condition was 6.4 mg/kg; multiple dose condition was 0.4 mg/kg over four (4) consecutive days (these results were derived from the monkeys described above).

/
/
/
/
/
/
/
/
/
/
/
/
/
/
/
/
/
/
/
/
/

TABLE I
PERIPHERAL BLOOD POPULATION FROM C2B8 PRIMATE STUDY

Monkey	Dose	Day	CD2	Anti-Hu IgG
A	0.4 mg/kg (4 doses)	Prebleed	81.5	-
		0	86.5	0.2
		7	85.5	0.0
		21	93.3	-
		28	85.5	-
B	0.4 mg/kg (4 doses)	Prebleed	81.7	-
		0	94.6	0.1
		7	92.2	0.1
		21	84.9	-
		28	84.1	-
C	6.4 mg/kg (1 dose)	Prebleed	77.7	0.0
		7	85.7	0.1
		21	86.7	-
		28	76.7	-
D	6.4 mg/kg (1 dose)	Prebleed	85.7	0.1
		7	94.7	0.1
		21	85.2	-
		28	85.9	-

TABLE I (continued)

Monkey	Anti-Hu IgG+ Anti-Hu IgM*	Leu-16	% B Cell Depletion
A	-	9.4	0
	0.3	0.0	97
	0.1	1.2	99
	-	2.1	78
	-	4.1	66
B	-	14.8	0
	0.2	0.1	99
	0.1	0.1	99
	-	6.9	53
	-	8.7	41
C	0.2	17.0	0
	0.1	0.0	99
	-	14.7	15
	-	8.1	62
D	0.1	14.4	0
	0.2	0.0	99
	-	9.2	46
	-	6.7	53

*Double staining population which indicates extent of chimeric anti-CD20 coated B cells.

==========

The data summarized in Table I indicates that depletion of B cells in peripheral blood under conditions of antibody excess occurred rapidly and effectively, regardless of single or multiple dosage levels. Additionally, depletion was observed for at least seven (7) days following the last injection, with partial B cell recovery observed by day 21.

Table II summarizes the effect of immunologically active, chimeric anti-CD20 antibodies on cell populations of lymph nodes using the treatment regimen of Table I (4 daily doses of 0.4 mg/kg; 1 dose of 6.4 mg/kg); comparative values for normal

lymph nodes (control monkey, axillary and inguinal) and normal bone marrow (two monkeys) are also provided.

==========

TABLE II
CELL POPULATIONS OF LYMPH NODES

Monkey	Dose	Day	CD2	Anti-Hu IgM
A	0.4 mg/kg (4 doses)	7	66.9	-
		14	76.9	19.6
		28	61.6	19.7
B	0.4 mg/kg (4 doses)	7	59.4	-
		14	83.2	9.9
		28	84.1	15.7
C	6.4 mg/kg (1 dose)	7	75.5	-
		14	74.1	17.9
		28	66.9	23.1
D	6.4 mg/kg (1 dose)	7	83.8	-
		14	74.1	17.9
		28	84.1	12.8

TABLE II (continued)

Monkey	Anti-Hu IgG + Anti-Hu IgM	Leu-16	% B Lymphocyte Depletion
A	7.4	40.1	1
	0.8	22.6	44
	-	26.0	36
B	29.9	52.2	0
	0.7	14.5	64
	-	14.6	64
C	22.3	35.2	13
	1.1	23.9	41
	-	21.4	47
D	12.5	19.7	51
	0.2	8.7	78
	-	12.9	68

TABLE II (continued)

	CD2	Anti-Hu IgM	Anti-Hu IgG+ Anti-Hu IgM	Leu-16	% B Lymphocyte Depletion
Normal Lymph Nodes					
Control 1 Axillary	55.4	25.0	-	41.4	NA
Inguinal	52.1	31.2	-	39.5	NA
Normal Bone Marrow					
Control 2	65.3	19.0	-	11.4	NA
Control 3	29.8	28.0	-	16.6	NA

The results of Table II evidence effective depletion of B lymphocytes for both treatment regimens. Table II further indicates that for the non-human primates, complete saturation of the B cells in the lymphatic tissue with immunologically active, chimeric anti-CD20 antibody was not achieved; additionally, antibody coated cells were observed seven (7) days after treatment, followed by a marked depletion of lymph node B cells, observed on day 14.

Based upon this data, the single High Dosage Chimeric Anti-CD20 study referenced above was conducted, principally with an eye toward pharmacology/toxicology determintion. *I.e.,* this study was conducted to evaluate any toxicity associated with the administration of the chimeric antibody, as well as the efficacy of B cell depletion from peripheral blood lymph nodes and bone marrow. Additionally, because the data of Table II indicates that for that study, the majority of lymph node B cells were depleted between 7 and 14 days following treatment, a weekly

dosing regimen might evidence more efficacious results. Table III summarizes the results of the High Dosage Chimeric Anti-CD20 study.

TABLE III
CELL POPULATIONS OF LYMPH NODES AND BONE MARROW

	Lymphocyte Populations (%)				
Monkey	CD2	CD20[a]	mIgM + anti-C2B8[b]	C2B8[c]	Day[d]
Inguinal Lymph Node					
E	90.0	5.3	4.8	6.5	22
F	91.0	6.3	5.6	6.3	22
G	89.9	5.0	3.7	5.8	36
H	85.4	12.3	1.7	1.8	36
Bone Marrow					
E	46.7	4.3	2.6	2.8	22
F	41.8	3.0	2.1	2.2	22
G	35.3	0.8	1.4	1.4	36
H	25.6	4.4	4.3	4.4	36

[a]Indicates population stained with Leu 16.

[b]Indicates double staining population, positive for surface IgM cells and chimeric antibody coated cells.

[c]Indicates total population staining for chimeric antibody including double staining surface IgM positive cells and single staining (surface IgM negative) cells.

[d]Days after injection of final 16.8 mg/kg dose.

Both animals evaluated at 22 days post treatment cessation contained less than 5% B cells, as compared to 40% in control lymph nodes (*see*, Table II, *supra*). Similarly, in the bone marrow of animals treated with chimeric anti-CD20 antibody, the levels of CD20 positive cells were less than 3% as compared to 11-15% in the normal animals (*see*, Table II, *supra*). In the animals evaluated at 36 days post treatment cessation, one of the animals (H) had approximately 12% B cells in the lymph node and 4.4% B cells in bone marrow, while the other (G) had approximately 5% B cells in the lymph node and 0.8% in the bone marrow--the data is indicative of significant B cell depletion.

The results of Example III indicate, *inter alia*, that low doses of immunologically active, chimeric anti-CD20 leads to long-term peripheral blood B cell depletion in primates. The data also indicates that significant depletion of B cell populations was achieved in peripheral lymph nodes and bone marrow when repetitive high doses of the antibody were administered. Continued follow-up on the test animals has indicated that even with such severe depletion of peripheral B lymphocytes during the first week of treatment, no adverse health effects have been observed. Furthermore, as recovery of B cell population was observed, a conclusion to be drawn is that the pluripotent stem cells of these primates were not adversely affected by the treatment.

Anti-CD20 in TCAE 8 (transformed in *E. coli* for purposes of deposit) was deposited with the American Type Culture Collection (ATCC), 12301 Parklawn Drive, Rockville, Maryland, 20852, under the provisions of the Budapest Treaty for the International Recognition of the Deposit of Microorganisms for the Purpose of Patent Procedure. The microorganism was tested by the ATCC on November 9, 1992, and determined to be viable on that date. The ATCC has assigned this

microorganism the following ATCC deposit number: ATCC 69119 (anti-CD20 in TCAE 8).

Although the invention has been described in considerable detail with regard to certain preferred embodiments thereof, other embodiments within the scope of the teachings of the present invention are possible. Accordingly, neither the disclosure nor the claims to follow, are intended, nor should be construed to be, limited by the descriptions of the preferred embodiments contained here.